

STATE OF IOWA



Telephone: (515) 281-3592
Toll Free: 1-888-426-6283
TTY: (515) 242-5065
Fax: (515) 242-6007
E-mail: ombudsman@legis.state.ia.us
Website: <http://staffweb.legis.state.ia.us/cao>

WILLIAM P. ANGRICK II
CITIZENS' AIDE/OMBUDSMAN

CITIZENS' AIDE/OMBUDSMAN

OLA BABCOCK MILLER BUILDING
1112 EAST GRAND AVENUE
DES MOINES, IOWA 50319

**Report to the Legislative Oversight Committee
January 25, 2005**

**Summary of Recommendations from
“Report of Task Force into Critical Incidents
within the Iowa Prison System”**

Training Recommendations

- Seek accreditation for the IDOC Training Academy. The Task Force believes the ultimate goal should be certification of correctional officers in a manner similar to certification for police officers and jail personnel.
- Increase amount and types of training for correctional officers. Security officers who deal daily with mentally ill offenders need the most immediate and extensive training. The Task Force believes DOC needs to conduct annual training of all officers in identifying offenders in crisis. Training must include more information about de-escalation techniques. Ensure all staff receives annual training in the Use of Force continuum. Consider other restraints and devices to obtain control if de-escalation is not successful.
- Include medical and security staff at the same training because each needs to understand the importance of the others' role.
- Include in the pre-service and in-service training all officers practicing videotaping other officers in mock cell entries. This should also be practiced on an annual basis with DOC providing examples of improper or delayed responses and inadequate video quality for officer to understand the importance of these exercises.

- Ensure all institutions provide appropriate protective gear. As part of the pre-service training and annual training, staff should be required to practice donning and doffing this clothing and gear and when it is appropriately used.
- Develop a training module on scene preservation and scene investigation to ensure critical evidence is not lost or compromised.

Reasons for above Recommendations

These recommendations attempt to ensure correctional officers have up-to-date and consistent training and information on important issues (e.g. use of force policies, protection against blood borne pathogens, and preservation of evidence at scenes of investigation).

Officers did not feel adequately equipped to deal with some of the incidents mentioned in the report. Officers also said they did not feel adequately protected in the case where there was a great deal of blood. They were not informed what protections to take until more information was available. Officers potentially contaminated visitors because they wore blood stained clothing through the institution when transporting an offender to an emergency vehicle. In another incident, an officer flushed the toilet in the cell of an offender found to have an unknown cause of death. The significance of this action in this particular case was this offender, through forensic lab testing, was found to have large amounts of a tricyclic antidepressant in his system. DOC physicians did not prescribe this medication to this offender and the officer potentially flushed valuable evidence.

Mental Health Services Recommendations

DOC should:

- Provide for emergency psychiatric and psychological intervention to be available at all times at all DOC institutions.
- Purchase portable telemedicine terminals to facilitate observation of offenders by a psychiatrist or psychologist.
- When appropriate, utilize its statutory authority, in conjunction with the Department of Human Services to transfer an offender to a mental health institution while retaining jurisdiction
- Expand the companion policy to all institutions.

Reasons for above Recommendations

With the downsizing of the mental health system and few supporting community mental health services available for many mentally ill, the prisons have become the de facto mental health institutions. The Task Force would like to see more supporting community resources for the mentally ill so that prison bed space can be devoted to those who need imprisonment.

Sixteen percent of those in prison are mentally ill. In Iowa, that means approximately 1,360 of the 8,500 inmates currently incarcerated in Iowa's prisons have a mental illness. This number does not include those in our jails and residential facilities throughout the state.

Iowa DOC currently has one psychiatrist to serve the prison population. Additional staff is needed to provide adequate psychiatric and psychological services to these offenders. Other programs, like telemedicine and inmate companions, can and should be utilized and expanded to support and supplement existing services.

Offender Deaths/Critical Incidents Recommendations

DOC should:

- Explore legislation to create a Critical Incident Task Force modeled after the Iowa Fatality Review Committee, to review offender deaths (other than by known natural causes) and critical self-injurious situations. [The Citizens' Aide/Ombudsman submitted a legislative proposal for this.]
- Hire an inspector general at DOC to supervise, coordinate, and direct the efforts of all investigators at the institutions.
- Develop a centralized repository for report of deaths of offenders in prisons, community-based corrections, and jails. Judicial districts and jails should be required to report the deaths of all offenders while under their supervision.

Reasons for above Recommendations

There is no consistent, complete system in place for the review of situations leading to the death or serious injury of offenders. The Division of Criminal Investigation can, and has investigated deaths, but their focus is toward criminal acts, not violations of policy or identification of training needs.

Under the current system, the investigators who work at the individual institutions are too close to their peers to objectively investigate if staff is following institutional policies such as, whether staff is visually checking offenders as required or whether staff is adequately monitoring offenders for "cheeking" of medications.

There is currently no central repository for tracking deaths in prison, community-based corrections or jails. There should be one centralized location where all deaths are reported, along with the cause and manner of death and any investigation performed.

Recommendations for the State Medical Examiner

- Amend the Iowa Administrative Code, 641 – chapter 127, to require autopsies on all deaths in a prison, jail or other correctional facility, or under the custody of a law enforcement agency, except where a natural disease process is clearly the cause of death.
- Amend Iowa Administrative Code, 641 – Chapter 127, to require that all such in-custody deaths be sent to the State Medical Examiner’s Office and the autopsies be performed by a forensic pathologist. [The Citizens’ Aide/Ombudsman submitted a legislative proposal requiring autopsies by the State Medical Examiner on all deaths in prisons or other correctional facilities as a start to this]
- Ensure County Medical Examiners and their Investigators are aware of the above changes in the Iowa Administrative Rules.
- Add specific guidelines to the County Medical Examiner Handbook that address in-custody death investigations.
- Ensure all toxicology and other laboratory testing be performed at a forensic laboratory.

Reasons for above Recommendations

The Task Force discovered differences among the county medical examiners in the manner in which autopsies were completed and how samples of blood, urine, and tissues were harvested for testing. We also discovered not all laboratories use the same testing methods. To be certain determinations of the cause and manner of death are done in a consistent manner, autopsies of apparent suicides and other questionable deaths should be conducted by the state medical examiner.